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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. STRATEGY PAC 138 CONANT STREET ADDRESS (number and street) 2ND FLOOR (Check if address is changed) **BEVERLY** 01915 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JIM.MALCZEWSKI@BAKERTILLY.COM (Check if address X is changed) Optional Second E-Mail Address STRATEGYPAC@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00497842 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. MALCZEWSKI, JIM, , , Type or Print Name of Treasurer MALCZEWSKI, JIM, , , [Electronically Filed] 03 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:  (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		

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Write or Type Committee Name		
STRATEGY PA	C	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
JOHNSON, RON	<u> </u>	
Mailing Address	2201 E. ENTERPRISE AVE	
Maining Address	SUITE 100	
	APPLETON WI 54912	.  _
	CITY STATE	ZIP CODE
	Organization Affiliated Committee Joint Fundraising Representative X Lea	adership PAC Sponsor
	DARLEY T	
Full Name	RADLEY, T., ,	
Mailing Address	138 CONANT STREET	
	2ND FLOOR	
	BEVERLY MA 01915	
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASURER		303   6800
. <b>Treasurer:</b> List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the nai ssistant treasurer).	me and address of
Full Name MALCZEW of Treasurer	SKI, JIM, , ,	
Mailing Address	2201 E. ENTERPRISE AVE	
	SUITE 100	
	APPLETON WI 54912	
Title or Position	CITY STATE	ZIP CODE
TREASURER		739 - 3358

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Full Name of Designated Agent	CRATE, BRADLEY, T., ,	1 1 1 1 1 1 1
Mailing Address	138 CONANT STREET	
	2ND FLOOR	
	BEVERLY MA 0191 CITY STATE	ZIP CODE
Title or Position ASSISTANT TRE	EASURER Telephone number 617 –	303 - 6800
Name of Bank, De	repository, etc.	
	CHAIN BRIDGE BANK  1445-A LAUGHLIN AVENUE	
I	CHAIN BRIDGE BANK	)1 
I	CHAIN BRIDGE BANK  1445-A LAUGHLIN AVENUE  MCLEAN  VA 12210	D1
I	CHAIN BRIDGE BANK  1445-A LAUGHLIN AVENUE  MCLEAN  CITY  STATE	
Mailing Address  Name of Bank, De	CHAIN BRIDGE BANK  1445-A LAUGHLIN AVENUE  MCLEAN  CITY  STATE	
Mailing Address  Name of Bank, De	CHAIN BRIDGE BANK  1445-A LAUGHLIN AVENUE  MCLEAN  CITY  STATE  Depository, etc.	
Mailing Address  Name of Bank, De	CHAIN BRIDGE BANK  1445-A LAUGHLIN AVENUE  MCLEAN  CITY  STATE  Depository, etc.  ASSOCIATED BANK  200 NORTH ADAMS STREET	ZIP CODE
Mailing Address  Name of Bank, De	CHAIN BRIDGE BANK  1445-A LAUGHLIN AVENUE  MCLEAN  CITY  STATE  Depository, etc.  ASSOCIATED BANK	ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor BADGER VICTORY FUND 138 CONANT STREET Mailing Address SECOND FLOOR **BEVERLY** MA 01915 **CITY** STATE 4 ZIP CODE Relationship: X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number